

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Accepted Poc

PRINTED: 12/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/07/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FT SANDERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to provide supervision to prevent multiple injuries including fractures (Actual Harm) for one resident (#1) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility from an acute care hospital on June 21, 2011, with diagnoses including Aftercare Left Hip Fracture, Hypertension, Alzheimer's disease, Dementia, Dysphagia, Diabetes Mellitus, Schizophrenia, Bipolar Disorder, and Personal History of Falls.</p> <p>Medical record review of the Interim Care Plan completed on admission dated June 21, 2011, revealed " ...At risk for falls related h/o (history of) falls, unsteady gait, poor safety awareness, confusion ...Goal: to prevent injury related to falls ...orient the resident to room, bed controls, light and call-light ...grab bars in bathroom ...instruct and remind the resident to use the call light to ask for assist ...keep path around the bed and to the bathroom clear from clutter ...clip alarm on admission ..."</p>	F 323	<p>F 323</p> <ol style="list-style-type: none"> 1. Resident reassessed upon return from hospital on 11/14/11. Resident was previously on 2nd floor. Relocated to 1st Floor, Skilled Nursing Unit close to the Nurses Station and Physical Therapy Services were initiated. A Change of Status MDS was initiated and completed on 11/18/11. Safety Precautions of clip alarm at all times, Pressure alarm in bed, both of which are checked q shift for function, and safety mats beside bed, were put into place based on the assessment. Staff aware to make more frequent rooms checks if in room. 2. An incident reporting review was performed by the ADON/Fall Prevention RN for the previous 3 mth period. No incidents of "unknown origin" identified for any other Residents. 3. In-Servicing completed with all nursing staff regarding safety precautions and proper use /availability of safety equipment i.e.: clip alarms, safety mats, pressure alarms and other available interventions as appropriate. 4. Continue incident reporting and implementation of appropriate interventions by RN/LPN personnel. Reports are trended for falls and/or any significant injuries and reported monthly to Safety Committee and Quality Assurance Committee, which includes 3 attending Physicians. Continue monitoring by the DON/ADON. 	<p>11/14/11</p> <p>12/14/11</p> <p>12/14/11</p> <p>12/14/11 and On-Going</p>	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/07/2011
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

NHC HEALTHCARE, FT SANDERS

STREET ADDRESS, CITY, STATE, ZIP CODE

**2120 HIGHLAND AVE
KNOXVILLE, TN 37916**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 1 Medical record review of a Post Falls Nursing Assessment dated June 28, 2011, at 1:15 a.m., revealed " ...Alarm sounded, staff was immediately in the room and resident was already on the floor on ...knees with arms on bed ...fell from bed ...mats placed by bed on floor ..." Medical record review of a Post Falls Nursing Assessment dated July 9, 2011, at 1:00 a.m., revealed " ...CNA (certified nursing assistant) went into room and found resident on floor beside bed on knees ...clip alarm found lying in bed with string clip off of resident gown ...alarm not sounding ...Describe task patient attempting at time of fall: Exiting bed over siderail ...clip alarm reapplied to resident gown ...placed floor mat beside bed and bed pressure alarm ..." Medical record review of a nurse's note dated August 5, 2011, at 2:15 p.m., revealed " ...Alert charting: fall ...fall precautions in place ..." Medical record review of a nurse's note dated August 9, 2011, revealed "late entry for August 5, 2011 ...falls f/u (follow up) ...resident found in floor beside bed ...resident was attempting to ambulate alone ...fell from w/c (wheelchair) ...resident with known attempts to txf (transfer from bed) / bed to w/c however no demonstration of self txf /w/c to bed ...assessed found to have no injuries ...currently with safety precautions in bed (secondary) to attempts as noted above ...will (change) clip alarm f/ bed (in bed) to all times (secondary) to poor safety awareness ..." Medical record review of the Minimum Data Set (MDS) dated September 8, 2011, revealed the resident had short and long term memory	F 323	See Page 1 of 9	

DEC 15 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/07/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FT SANDERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 2</p> <p>problems, severe cognitive impairment, and required extensive assistance with most activities of daily living, one person assist with mobility and two person assist with transfers. Continued medical record review of the MDS revealed the resident's balance was unsteady, and had been unable to stabilize without assistance when moving from sit to stand, walking, when moving on and off a toilet seat, and when transferring from surface to surface (bed to chair or wheelchair).</p> <p>Medical record review of a Post Falls Nursing Assessment dated October 10, 2011, at 1:35 p.m., revealed " ...Loud noise came from bathroom while therapist waited outside bathroom door with door cracked open ...exiting commode while unattended ...intervention ...attend while toileting ..." Medical record review of a Nurse's note dated October 11, 2011, at 12:30 p.m., revealed " ...hematoma noted to back of head ...bruised area noted to right area below temple ...small bruised area noted to (L) (left) hip ...c/o (complained of) mild pain with movement of (L) leg..MD (physician) notified with n/o (new order) received ...to x-ray left hip..." Medical record review of the x-ray report revealed no fracture.</p> <p>Medical record review of a nurse's note dated October 13, 2011, at 12:00 p.m., revealed " ...up in w/c early this shift after several attempts to get OOB (out of bed) without assistance ...Pt. (patient) bathed, toileted, and dressed @ (at) this time ...some c/o lower back pain ...relieved by PRN (as needed) pain meds ...no further injury noted ...hematoma to back of head has decreased in size ...neuro checks within normal limits ...all safety measures in place ..." Medical</p>	F 323	See Page 1 of 9		

DEC 15 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/07/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FT SANDERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 3</p> <p>record review of a nurse's note dated October 20, 2011, at 3:30 p.m., revealed " ...Extensive assist required for toileting, transfers, and bed mobility..safety precautions in use ..." Medical record review of a nurse's note dated October 26, 2011, at 2:30 p.m., revealed " ...resident moved to room (#) to be closer to nurse's station ...resident with attempts to get OOB several times ...safety precautions in place ..."</p> <p>Medical record review of a nurse's note dated November 7, 2011, at 9:30 a.m., revealed " ...Bruises noted on Rt (right) shoulder...Rt knee swollen...RLE (right lower extremity) shortening with internal rotation...new order to x-ray."</p> <p>Medical record review of a nurse's note dated November 7, 2011, (no time) revealed " ...per FNP (Family Nurse Practitioner) after further assessment...RLE's, knee and shoulder painful upon movement ...Hydrocodone 5/325 (milligrams) given and Ativan 0.5 mg given for pain and agitation/anxiety...x-rays cancelled with (name of company) ...will send pt. by (ambulance) to (named hospital)...pain medication is effective...pt. (patient) is calm..."</p> <p>Medical record review of the hospital Emergency Department record dated November 7, 2011, at 5:30 p.m., revealed "...Brought in from nursing home (name)...Pt. found internal rotation of (R) leg, bruising (R) shoulder, bruising & (and) swelling (R) knee..." Medical record review of Radiology reports dated November 7, 2011, revealed "...Left Parietal scalp soft tissue swelling/hematoma (no fracture)...Comminuted (splintered or crushed) and displaced right subtrochanteric femoral fracture of the right</p>	F 323	See Page 1 of 9		

DEC 15 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/07/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FT SANDERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 323	<p>Continued From page 4</p> <p>proximal femur...Comminuted and displaced distal right clavicular fracture...Medial knee soft tissue injury...no fracture or subluxation..."</p> <p>Medical record review of the hospital discharge record dated November 14, 2011, revealed the resident was admitted to the hospital for surgical repair of the right femoral fracture.</p> <p>Review of a facility investigation dated November 7, 2011, revealed the resident had been found in bed at 8:30 a.m., with a swollen right knee, a shortened and rotated right leg, right shoulder bruising, and pain with movement. Further review of the facility investigation revealed staff working the prior evening, and night shifts, on November 6 and 7, 2011, had been interviewed by the Director of Nursing (DON) and none were aware of any alarms sounding or of any abnormal events occurring with the resident on either shift.</p> <p>Medical record review revealed the resident was readmitted to the facility on November 18, 2011. Medical record review of a nurse's note dated November 18, 2011, at 11:00 a.m., revealed "...Event f/u (follow-up)...resident with recent Right clavicle fracture and right hip fracture per hospital admission 11/7/11...per staff interview, resident with fracture of unknown origin noted November 7, 2011...no noted attempts to get OOB per night shift interviews...resident with H/O (history of) falls in past with safety alarms in place ...no reported events of alarms sounding prior to event to indicate/believe attempts to get OOB ...will continue with safety precautions of pressure alarm to bed, safety mats beside bed, & clip alarm at all times secondary to h/o falls..."</p> <p>Interview with CNA #1 on December 2, 2011, at</p>	F 323	See Page 1 of 9		

DEC 15 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/07/2011
---	--	--	--

NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FT SANDERS	STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	<p>Continued From page 5</p> <p>1:15 p.m., in the Social Services office, confirmed CNA #1 delivered the breakfast tray to the resident's room on Monday, November 7, 2011, at approximately 8:00 a.m. CNA #1 stated the resident took only juice for breakfast and when CNA #1 attempted to reposition the resident in preparation for a shower, the resident screamed. The CNA immediately called the nurse and then noticed the right knee "...swelling and kinda blue..." Licensed Practical Nurse #1 (LPN) arrived at the resident's bedside and both CNA #1 and LPN #1 noted more bruising in the resident's right hip area.</p> <p>Interview with LPN #1 on December 5, 2011, at 7:00 a.m., in the 2nd floor office, confirmed LPN #1 had been assigned to care for resident #1 on day shift, 7:00 a.m. to 3:00 p.m., on November 7, 2011. Continued interview revealed LPN #1 stated "I knew the resident had fallen several times in the past ...I arrived at 7 a.m...from the time I came on until the time we noticed the bruises, nothing happened, no alarms sounded, and the resident was in the bed as far as I knew."</p> <p>Interview with the Charge Nurse, on December 5, 2011, at 7:35 a.m., in the 2nd floor office, confirmed on November 7, 2011, the resident was in bed "...when I was called to the room, I went into the room between 8:30 a.m. and 9:00 a.m. that morning. I looked at the right knee, it was swollen, I moved it a little and the resident screamed. I looked at the other places next, saw a bruised shoulder, bruised hip, and one foot shorter than the other, and ordered x-ray immediately. The Nurse Practitioner was here, assessed the resident right away, said cancel the x-ray and send to the hospital."</p>	F 323	See Page 1 of 9	

DEC 15 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/07/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FT SANDERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	Continued From page 6 Interview with LPN #3, on December 5, 2011, at 7:10 a.m., in the 2nd floor office, confirmed LPN #3 worked on November 7, 2011, on the 7a.m., to 3 p.m., shift. LPN #3 stated "... (Charge Nurse) came and got me to come look at the resident... pulled back the sheet, the right shoulder and under arm were bruised but not like someone pulled the resident up by the arm, horrible, dark, purple bruising... I don't see the resident much, I work the short hall usually (other end of floor, around the corner from the nurse's station) ... I heard no alarms that morning." Interview with LPN #2 on December 5, 2011, at 6:05 a.m., in the 2nd floor office, confirmed LPN #2 worked on November 6, 2011, on the 11 p.m. to 7 a.m. shift, (night shift prior to the discovery of the injuries on November 7, 2011), and was assigned as the resident's nurse. LPN #2 stated "(Resident #1)... doesn't move a whole lot when in bed but can move... don't know if... can take off clip alarm... no one said anything about anything... saw no signs of pain, heard no alarms, no moaning." Interview with CNA #3 on December 5, 2011, at 6:20 a.m., in the 2nd floor office, confirmed CNA #3 worked on November 6, 2011, from 11 p.m. to 7 a.m., (night shift prior to discovery of the injuries on November 7, 2011), and was assigned to resident #1. CNA #3 stated Resident #1 was asleep throughout the night and not wet until the last rounding at 5:30 a.m., on November 7, 2011. CNA #4 was with CNA #3 when they changed the resident's pad on the last round and the resident woke up. CNA #3 stated they did not notice any injury.	F 323	See Page 1 of 9		

DEC 15 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/07/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FT SANDERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 323	Continued From page 7 Interview with CNA #4 on December 5, 2011, at 6:05 a.m., in the 2nd floor office, confirmed CNA #4 worked on November 6, 2011, from 11:00 p.m. to 7:00 a.m., (night shift prior to discovery of the injuries on November 7, 2011). CNA #4 confirmed completing the last round together with CNA #3 on that shift. CNA #4 confirmed they did not note any injury for Resident #1. Interview with CNA #7 on December 4, 2011, at 4:10 p.m., confirmed CNA #7 worked from 3 p.m. to 11:00 p.m., on November 6, 2011, (the day before the discovery of the injuries) and was assigned to care for resident #1. CNA #7 stated "I put (resident #1) to bed...just do a transfer...can stand real good, stand and pivot to the bed, put gown on, clip alarm, pressure pad alarm on bed, check to make sure the alarms are working...I did final round at 10:00 p.m., ...(resident) dry and asleep, did not wake up...clip alarm still on." Interview with LPN #4 on December 2, 2011, at 3:35 p.m., in the 2nd floor office, confirmed LPN #4 worked on November 6, 2011, from 7:00 a.m. to 11:00 p.m., (day before discovery) and was assigned to resident #1. LPN #4 confirmed resident #1 had been up most of the day and was sleeping in the bed at 9:00 p.m. LPN #4 stated the CNAs did not report anything abnormal. "Nobody said anything that night and (resident) did not call out." Interview by telephone on December 7, 2011, at 9:25 a.m., with the resident's Physician, (related to the injuries discovered on November 7, 2011) confirmed, "I can't find specifics for that many injuries...(resident) had to have fallen or been	F 323	See Page 1 of 9		

DEC 15 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/07/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FT SANDERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 8 dropped to have gotten that many injuries."</p> <p>Interview and review of Radiology reports dated November 7, 2011, by telephone on December 8, 2011, at 10:15 a.m., with the Radiologist who provided the consultation confirmed the type of fractures the resident had "could not have been...spontaneous...had to have been some type of trauma..."</p> <p>Interview and medical record review of nurse's notes and post fall assessments, with the Assistant Director of Nursing (ADON) on December 1, 2011 at 2:30 p.m., in the Medical Records office, confirmed the resident had fallen several times since admission: June 28, 2011, at 1:15 a.m., from the bed with alarm sounding; July 9, 2011, at 1:00 a.m., "exiting from bed over side rail", clip alarm found on bed, not sounding; August 5, 2011, at 2:15 (no other notation) fell from the wheelchair while attempting to transfer unassisted; and on October 10, 2011, at 1:35 p.m., from the commode "exiting commode while unattended" in the Physical Therapy suite bathroom.</p> <p>Interview with the ADON, by phone on December 5, 2011, at 2:45 p.m., confirmed the resident experienced an unwitnessed event, discovered on November 7, 2011, which resulted in fractures, hematoma, and numerous bruises and required hospitalization and surgical intervention.</p> <p>C/O #28968</p>	F 323	See Page 1 of 9		

DEC 15 2011